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## BIB DATA SHEET

CONFIRMATION NO. 2947

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/733,775	12/08/2000 <b>RULE</b>	606	3772	M978.12-0001		
<b>APPLICANTS</b> Hans A. Mische, St. Cloud, MN;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/169,778 12/09/1999 <small>NP</small> 06.29.2011 and claims benefit of 60/181,651 02/10/2000 and claims benefit of 60/191,664 03/23/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/23/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>/Nihar Patel/</u> Acknowledged <u>Examiner's signature</u>		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 7 <u>24</u> <small>NP</small>	<b>INDEPENDENT CLAIMS</b> 1 <u>4</u> <small>NP</small>
<b>ADDRESS</b> KINNEY & LANGE, P.A. THE KINNEY & LANGE BUILDING 312 SOUTH THIRD STREET MINNEAPOLIS, MN 55415-1002 UNITED STATES						
<b>TITLE</b> Methods and devices for treatment of bone fractures						
<b>FILING FEE RECEIVED</b> 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			